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<b>TRANSMITTAL FORM</b>	Application Number	09/830,839	
	Filing Date	02/19/2002	
	First Named Inventor	LALVANI, Ajit et al.	
	Art Unit	1645	
	Examiner Name	MINNIFIELD, Nita M.	
(to be used for all correspondence after initial filing)		Attorney Docket Number	077529.011
Total Number of Pages in This Submission			

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Application Data Sheet; Issue Fee
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Baker Botts L.L.P.		
Signature			
Printed name	Lisa D. Tyner		
Date	10/02/2009	Reg. No.	51,619

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name		Date	

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# FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 1,510

## Complete if Known

Application Number	09/830,839
Filing Date	02/19/2002
First Named Inventor	LALVANI, Ajit et al.
Examiner Name	MINNIFIELD, Nita M.
Art Unit	1645
Attorney Docket No.	077529.011

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number	02-4377
Deposit Account Name	Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### Extra Claim Fees

Total Claims	[ ]	x	52	=	\$0
Independent Claims	[ ]	x	220	=	\$0
Multiple Dependent	[ ]	=	\$0		

**SUBTOTAL** \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	52	26
Independent claims in excess of 3	220	110
Multiple dependent claim, if not paid	390	195

### FEE CALCULATION (continued)

#### ADDITIONAL FEES

<input type="checkbox"/> Surcharge - late oath or filing fee	[ ]
<input type="checkbox"/> Non-English Specification	[ ]
<input type="checkbox"/> Extension for reply within first month	[ ]
<input type="checkbox"/> Extension for reply within second month	[ ]
<input type="checkbox"/> Extension for reply within third month	[ ]
<input type="checkbox"/> Extension for reply within fourth month	[ ]
<input type="checkbox"/> Extension for reply within fifth month	[ ]
<input type="checkbox"/> Notice of Appeal	[ ]
<input type="checkbox"/> Filing a brief in support of an appeal	[ ]
<input type="checkbox"/> Petition to revive - unavoidable	[ ]
<input type="checkbox"/> Petition to revive - unintentional	[ ]
<input checked="" type="checkbox"/> Utility Issue Fee	\$1,510
<input type="checkbox"/> Design Issue Fee	[ ]
<input type="checkbox"/> Publication Fee	[ ]
<input type="checkbox"/> Petitions to the Commissioner	[ ]
<input type="checkbox"/> Request for Continued Examination (RCE)	[ ]
<input type="checkbox"/> Information Disclosure Statement (IDS)	[ ]

Other fee - [ ]

**SUBTOTAL** (\$ ) 1,510

#### SUBMITTED BY

Name (Print/Type) Lisa D. Tynner

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(Attorney/Agent)

(Complete if applicable)

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Date 10/02/2009

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